

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		5/11/01
FORMALITY REVIEW	MW	920	06-15-01
RESPONSE FORMALITY REVIEW	#	676	09/13/01

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral)... Canceled	A	Appeal
<input type="checkbox"/>	Restricted	O	Objected

Claim		Date
Final	Original	
1	/	5/3 10/31 02/04
2	/	✓
3	/	✓
4	/	✓
5	/	✓
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8	/	✓
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If more than 150 claims or 10 actions
staple additional sheet here

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